



INDIANA PRESCRIPTION DRUG PLAN FOR SENIORS

State Form 49905 (R6 / 6-04) / PDP 0001



What is HoosierRx?

HoosierRx is Indiana’s prescription drug plan for seniors. It is funded by the State’s Tobacco Settlement funds. With the HoosierRx drug card, you could:

- ✓ Receive most prescription drugs, brand name and generic, as well as insulin, at a less than retail price.
- ✓ Receive a 75% discount off the cost of prescription drugs, up to your maximum benefit level.

Are you eligible for HoosierRx?

- ✓ You must be age 65 or older, and be an Indiana permanent resident.
- ✓ You can have a Medicare-Approved Drug Discount Card or other drug discount card *and* HoosierRx.
- ✓ You cannot already have prescription drug insurance or Medicaid.
- ✓ Your monthly income received must be:
 - Single person - \$1,068 or less a month
 - Married couple - \$1,426 or less a month

How much will you save?

Benefit amounts are determined by the time you apply. All benefits are available through December 31, 2005.

Enrolled during....	June '04 - Sept. '04	Oct. '04 - Dec. '04	Jan. '05 - Mar. '05	Aprl '05 - June '05	July '05 - Sept. '05	Oct. '05 - Dec. '05
Your benefit is....	\$1,200	\$1,000	\$800	\$600	\$400	\$200

HoosierRx will pay 75% of the cost, up to your maximum limit, as stated in the chart above. **You will pay 25%.** After you have used your maximum benefit limit, you will still receive prescriptions at a less-than-retail price, if you continue to use your HoosierRx Drug Card.

How do you apply for HoosierRx?

Complete this short application - front and back - and sign your name on the back. If you are eligible, you will receive your HoosierRx Drug Card to take to your local pharmacy for your discount. Remember to attach your income papers to your application before sending it in. Examples of income papers are bank statements or letters from Social Security. See top back section for more information.

1-866-267-4679 (toll free)
www.IN.gov/HoosierRx

Application For The HoosierRx Drug Card
This application continues on the back side.

Who is applying for the HoosierRx program? ☐ Just you ☐ You and your spouse (must be age 65 or older)

Information About You:

Name of applicant (first name, middle initial, last name)

Telephone number (include area code)
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Date of birth (month, day, year)

Social Security number of applicant

Sex:
☐ Male ☐ Female

Home mailing address (number and street, city, state, ZIP code)

Race (optional)

Marital status:
☐ Single ☐ Married ☐ Widowed

Other mailing address (if different from above) (other authorized name, number and street, city, state, ZIP code) - P.O.A. send proof

Other telephone number (include area code)
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INFORMATION ABOUT YOUR SPOUSE (If married and living together, you must complete this section and send copies of the monthly income for you and your spouse, even if only one of you is applying for benefits.)

Name of spouse (first name, middle initial, last name)

Date of birth of spouse (month, day, year)

Social Security number of spouse

Race of spouse (optional)

Information About Your Dependent Child / Children:

If you have any dependent children, you must submit specific information about the child(ren) on a separate piece of paper and attach it to your application. For each dependent child, please provide the child’s name, date of birth, Social Security number and documents to prove income for that child. Remember, a qualifying dependent(s) is either your biological or adoptive child (under 18 or a student 18-21 years old) or a child for whom you have legal guardianship / custody through a court. If you do not have any dependent children, please move on to the next section.

This application continues on the back side.

